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State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Stonington Behavioral Health, Inc.	
Doing Business As	Stonington Institute	
Name of Parent Corporation	Universal Health Services, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	234A Bank Street 5th Floor New London, CT 06320	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Jennifer L. Groves, Legal Counsel for Stonington Institute	

Contact person's street mailing address	Updike, Kelly & Spellacy, P.C. One Century Tower 265 Church Street New Haven, CT 06510	
Contact person's phone #, fax # and e-mail address	Tel. (203) 786-8300 Fax (203) 772-2037 <u>igroves@uks.com</u>	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establish Outpatient Behavioral Health Services in Branford

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition` | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

- c. Location of proposal (Town including street address):

14 Business Park Drive, Branford, Connecticut 06405

- d. List all the municipalities this project is intended to serve:

This project is intended to serve Branford and other towns/cities in New Haven County (See Exhibit A attached).

- e. Estimated starting date for the project:

The estimated start date for the project is February of 2006, or immediately upon receipt of regulatory approval, whichever is earlier.

- f. Type of project: **18**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

Not applicable.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: **\$59,650**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	N/A
Medical Equipment (Purchase)	N/A
Imaging Equipment (Purchase)	N/A
Non-Medical Equipment (Purchase)	\$38,650
Sales Tax	included
Delivery & Installation	included
Total Capital Expenditure	\$38,650
Fair Market Value of Leased Equipment	\$21,000
Total Capital Cost	\$59,650

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Not applicable.

- c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

PROJECT DESCRIPTION

Stonington Behavioral Health, Inc. d/b/a Stonington Institute ("Stonington") provides substance abuse and mental health treatment services to adults and adolescents at various locations in Southeastern Connecticut. Current services include the following: acute inpatient psychiatric (adolescent); ambulatory detoxification (adult); detoxification (adult); intensive treatment/residential (adolescent); partial hospital (adult); intensive outpatient (adult); outpatient-early recovery group (adult); and outpatient (adult). Stonington is licensed by the Department of Public Health ("DPH") as a Hospital for Mentally Ill Persons (North Stonington campus), with satellite clinics in Groton and Waterford. A copy of Stonington's DPH license is attached hereto as Exhibit B.

Stonington proposes to establish a clinic in Branford where it will provide both substance abuse and mental health day/evening treatment for adults. Levels of services to be offered will include ambulatory detoxification, partial hospital and intensive outpatient. Stonington will apply to add the clinic as a satellite under its existing Hospital for Mentally Ill Persons license.

Stonington currently provides the proposed services to individuals ages 18 to 65 who reside, primarily, in Southeastern Connecticut. These services are provided to individuals who meet the following diagnostic criteria: ASAM, II.D (ambulatory detoxification); ASAM, II.5 (partial hospital); ASAM, II.1 (intensive outpatient). The target population for the proposed clinic is individuals ages 18 to 65 meeting these same diagnostic criteria who reside in New Haven County.

To the best of Stonington's knowledge, existing providers of ambulatory detoxification, partial hospital and/or intensive outpatient services in New Haven County include the following: Hill Health Corporation, 400 Columbus Avenue, New Haven, Connecticut 06519; Harbor Health Services, Inc., 14 Sycamore Way, Branford, Connecticut 06405.

The proposed clinic will help address the need for additional adult outpatient substance abuse and mental health services in New Haven County. According to the Report of the Governor's Blue Ribbon Commission on Mental Health, approximately 24 percent of adults in Connecticut suffer from some form of mental illness and less than one third receive treatment for their conditions. Many of these individual have co-occurring substance abuse disorders. It follows that a significant number of adults in New Haven County suffer from substance abuse and/or other mental health disorders and are in need of treatment. The need for, and utilization of, adult outpatient behavioral health services is expected to increase going forward.

Stonington's proposed clinic will improve access to adult outpatient behavioral health services in New Haven County, eliminate the need to refer area residents to non-local providers and accommodate the projected future growth in demand for these services. This increased access to services in New Haven County will enhance the overall delivery of healthcare services statewide. In addition, the provision of these services by an experienced behavioral health services provider will enhance the quality of care available to individuals in the region.

Stonington will recruit qualified professional staff to provide the proposed services at its Branford clinic. All services will be provided under the supervision of Stonington's Medical Director, a board-certified psychiatrist.

Payers for the proposed services are the same as those for existing adult behavioral health services at Stonington, including Medicaid, Medicaid Managed Care, commercial insurance, and self-pay.

Applicant: Stonington Behavioral Health, Inc. d/b/a Stonington Institute

Project Title: Establish Outpatient Behavioral Health Services in Branford

I, Michael Stramiello, CFO of Stonington Institute, being duly sworn, depose and state that the said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

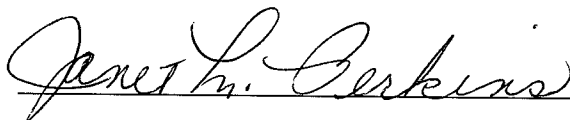


Signature

11/29/05

Date

Subscribed and sworn to before me on November 29, 2005



Notary Public/~~Commissioner~~ of Superior Court

My commission expires: ~~My Commission Exp. June 30, 2007~~

EXHIBIT A

New Haven County Towns/Cities

Allingtown
Ansonia
Beacon Falls
Bethany
Branford
Cheshire
Derby
Devon
East Haven
Guilford
Hamden
Indian Neck
Leetes Island
Madison
Meriden
Middlebury
Milford
Monowese
Naugatuck
New Haven
North Brandford
North Guilford
North Haven
Northford
Orange
Oxford
Prospect
Quinnipiac
Seymour
Short Beach
Southbury
Stony Creek
Totoket
Union City
Wallingford
Waterbury
West Haven
West Simsbury
Whitneyville
Wolcott
WoodBridge
Woodmont

EXHIBIT B

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0071

Hospital for Mentally Ill Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Stonington Behavioral Health, Inc. of New London, CT, d/b/a Stonington Institute is hereby licensed to maintain and operate a Hospital for Mentally Ill Persons.

Stonington Institute is located at 75 Swantown Hill Road, North Stonington, CT 06359

The maximum number of beds shall not exceed at any time:

4 Licensed Bed

This license expires **September 30, 2006** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, December 13, 2004.

License revised to reflect:

* Added (1) Satellite effective 7/7/05

Satellites

Day/Evening Treatment, 86 Boston Post Road, Waterford, CT

Day/Evening Treatment, 333 Long Hill Road, Groton, CT

Day/Evening Treatment, 428 Long Hill Road, Groton, CT

Day/Evening/Residential & Outpatient Intensive Tmt, 75 Swantown Hill Road, North Stonington, CT

*Outpatient Substance Abuse, 83 Boston Post Road, Waterford, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner